

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2949
Registrar's No. 5

FILED FEB 16 1942
Registration District No. 1475

Primary Registration District No. 5795

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County MORGAN.
(b) City or town OSAGE RURAL.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFETIME. years, months or days

3. (a) PRINT FULL NAME GEORGE W. GOONTZ.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or Race W. 6. (a) Single, widowed, married, divorced MARRIED.
6. (b) Name of husband or wife AMANDA 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 6. 1866.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 10 hr. _____ min.

9. Birthplace MORGAN CO. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER (BLIND - RETIRED)

11. Industry or business _____

12. Name JACOB GOONTZ
13. Birthplace HIRELAND.
(City, town, or county) (State or foreign country)
14. Maiden name NO RECORD.
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Goontz
(b) Address Gravois Mills, Mo.

17. (a) BURIAL (b) Date thereof 1/18/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LOPUST CEMET.

18. (a) Signature of funeral director W. C. BUCHANAN

(b) Address 1-21-1942 Roy Berghstesser

19. (a) 1-21-1942 (b) Roy Berghstesser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MORGAN.
(c) City or town OSAGE RURAL.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 16th
year 1942 hour _____ minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 hr

Due to Arterio sclerosis years

Other conditions Blind 75 yrs.
(Include pregnancy within 3 months of death)

Major findings: g3a
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. C. BUCHANAN (Date signed) _____
Address Gravois Mills, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 2-42-90

Date Filed 2-11-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1596

P. O. Address Wesleyville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.